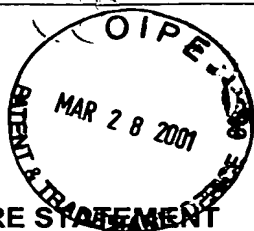


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Examiner: Unknown SHH

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Examiner's Initials*		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
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